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ABSTRACT

This annotated bibliography focuses on sexuality issues regarding adolescents and young adults with disabilities and chronic illnesses. The resources are grouped into the following categories: psychosocial development (23 references); attitudes and knowledge (11 references); sex education (34 references); sexual abuse (four references); reproduction (20 references); sex role and functioning (six references); treatment and counseling (13 references); and issues for parents (eight references). The references include books and journal articles primarily from medical periodicals. A separate section of 35 training and educational materials lists videotapes, films, manuals, curricula, booklets, and workbooks for use in training individuals with mental retardation/developmental disabilities, physical disabilities, hearing impairments, chronic illness, and multiple disabilities. (JDD)

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National
Center for

Youth with Disabilities

The National Center for Youth with Disabilities (NCYD) is committed to raising awareness of the needs of adolescents and young adults with chronic illnesses and disabilities. In keeping with our mission, we have prepared this bibliography focusing on sexuality issues regarding adolescents and young adults with disabilities and chronic illnesses. We hope that you will take the time to read through this bibliography and share it with anyone you believe would benefit from the information.

The information in this bibliography is drawn from the computerized database of the NCYD Resource Library. Other annotated bibliographies available from the NCYD Resource Library include:

- ☐ ***Transition from Pediatric to Adult Health Care for Youth with Disabilities and Chronic Illness***
- ☐ ***Adolescents with Chronic Illnesses—Issues for School Personnel***
- ☐ ***Promoting Decision–Making Skills by Youth with Disabilities—Health, Education, and Vocational Choices***
- ☐ ***An Introduction to Youth with Disabilities***
- ☐ ***Substance Use by Youth with Disabilities and Chronic Illnesses***
- ☐ ***An Introductory Guide for Youth and Parents***
- ☐ ***Youth with Disabilities and Chronic Illnesses: International Issues***

You can also request specialized searches of the NCYD Resource Library on topics of your choosing simply by calling an NCYD information specialist. This person will then send you the requested information in a format similar to this bibliography. In this way, you can easily receive current information on youth with disabilities that is specific to your particular needs and interests.

Thank you for your interest in the National Center for Youth with Disabilities. If you would like additional information on our Center, a publication list, or would like to request information about the Resource Library, please call our information specialist at **1-800-333-6293** (toll-free in the United States) or **612-626-2825.**

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I. BIBLIOGRAPHIC MATERIALS

A. PSYCHOSOCIAL DEVELOPMENT

AUTHOR Cohen FL; Durham JD;
TITLE **Children with sex chromosome variations: Implications for pediatric nursing practice.**
SOURCE *Journal of Pediatric Nursing* 1986 Feb;1(1):12–23;

ABSTRACT This article provides an overview of the signs, symptoms, and etiology of Turner syndrome, polysomy Y, polysomy X, and Klinefelter syndrome. Methods for assessment are suggested. Specific interventions for each condition are discussed, including ways in which to inform the patients' parents. Emphasis is on adjusting for the patient's stage of development; adolescence is specifically addressed. Nurses are reminded that they may be the first to notice possible sex chromosome variations in an adolescent patient.

AUTHOR Coupey SM; Cohen MI;
TITLE **Special considerations for the health care of adolescents with chronic illnesses.**
SOURCE *Pediatric Clinics of North America* 1984 Feb;31(1):211–9;

ABSTRACT Issues of independence, sexuality, and identity are essential developmental concerns for adolescents and become of particular concern for many adolescents with chronic illnesses. Encouraging independence, self-sufficiency, and participation in decision-making will enable the teenager with a chronic illness to become a competent adult with a chronic illness. Discussions about sexuality, parenthood, contraception, and venereal disease are as important to growth and development for adolescents with chronic illness as for their peers without illness. Because having a chronic illness may interfere with the development of a sense of identity, health care professional should try to enhance the normal parts of the teenager's body and be aware of their role in helping to enhance the self-image of the teenager with a chronic illness.

AUTHOR Dailey AL;
TITLE **Sexuality in spinal-cord-injured high school students.**
SOURCE *School Counselor* 1982 Jan;29(3):213–9;

ABSTRACT Issues, empirical findings, and available resources on sexual functioning among people with spinal cord injuries are discussed. This material is presented to inform counselors of adolescents with spinal cord injuries. The author suggests a normative approach, emphasizing openness and discussion of the issues surrounding sexuality and intimate relationships.

AUTHOR Evans J; Conine T;
TITLE **Sexual habilitation of youngsters with chronic illness or disabling conditions.**
SOURCE *Journal of Allied Health* 1985 Feb;14(1):79–87;

ABSTRACT The authors state that youth with chronic illness or disabilities are at risk for developing social and psychosexual disorders. Potential impediments to psychosexual development are presented along with suggestions for intervention on these issues. It is stressed that patients may direct questions regarding sexuality to any member of the health care team whom they trust. The issue of parental cooperation is also discussed.

AUTHOR Gilby R; Wolf L; Goldberg B;
TITLE **Mentally retarded adolescent sex offenders. A survey and pilot study.**
SOURCE *Canadian Journal of Psychiatry* 1989 Aug;34(6):542–8;

ABSTRACT Presented are the results of two studies. A survey of sexual problems evidenced by adolescent patients at a psychiatric facility indicated that these adolescents had experienced many problems regardless of intellectual capacity. Adolescents with mental retardation were found to be more likely to engage in inappropriate non-assaultive sexual behavior such as public masturbation. When adolescent sex offenders with mental retardation were studied, they differed from those without mental retardation in the following: they offended equally against males and females (rather than predominantly against females); they were more likely to offend against same-age or older victims; they were less likely to show a history of family dysfunction or delinquency; and they were more likely to display EEG abnormalities. Treatment considerations are suggested, and data are compared with previous research findings.

AUTHOR Greydanus DE; Demarest MS; Sears JM;
TITLE **Sexuality of the chronically ill adolescent.**
SOURCE *Medical Aspects of Human Sexuality* 1985 Dec;19(12):36,41,45,48;

ABSTRACT This article highlights some of the problems and concerns associated with sexuality for adolescents with a chronic illness. Specific illnesses are addressed as well as general principles. Topics include: difficulty in gaining independence, normal adolescent sexuality, non-compliance with treatment as self-assertion, the requisites for adequate sexual function, self-image and sexual identity, and the effects of some surgical interventions.

AUTHOR Greydanus DE; Demarest DS; Sears JM;
TITLE **Sexual dysfunction in adolescents.**
SOURCE *Seminars in Adolescent Medicine* 1985 Sep;1(3):177–87;

ABSTRACT An overview of the effects of chronic illnesses and disabilities on adolescent sexuality is provided with an emphasis on sexual dysfunction and its psychological ramifications. Specific dysfunctions addressed include: erection dysfunction, ejaculation dysfunction, dyspareunia (vaginal pain during intercourse), orgasmic dysfunction, masturbatory dysfunction, chronic depression and anxiety, and environmental impotence (societal shortcomings regarding normal sexuality). Teratogenic and iatrogenic effects on sexuality are discussed. Problems associated with specific illnesses and disabilities are identified.

AUTHOR Gunther MS;
TITLE **Commentary.**
SOURCE *Medical Aspects of Human Sexuality* 1985 Dec;19(12):49,52;

ABSTRACT Highlights some of the problems regarding sexuality among adolescents with chronic illness which family physicians may encounter. The author suggests that: chronic illness often brings out the most regressive elements of adolescence; voiced concerns about sexuality may mask anxiety regarding illness and vice-versa; non-compliance can be recognized as assertion; physicians can act as confidante/helper. The author also comments on the nature of adolescent defenses and vulnerabilities. Guidelines are presented for physicians to help patients, including traps to avoid: the physician's primary allegiance, the temptation to manipulate or arouse guilt, and the risk of falling prey to the adolescent's manipulation.

AUTHOR Hurtig AL; Rosenthal IM;
TITLE **Psychological findings in early treated cases of female pseudo-hermaphroditism caused by virilizing congenital adrenal hyperplasia.**
SOURCE *Archives of Sexual Behavior* 1987 Jun;16(3):209–23;

ABSTRACT Study of adolescent patients noting greater delay in psychosexual development in girls with chronic illness. Ambivalence in gender identity was found and may be a significant issue.

AUTHOR Klopovich PM; Clancy BJ;
TITLE **Sexuality and the adolescent with cancer.**
SOURCE *Seminars in Oncology Nursing* 1985 Feb;1(1):42–8;

ABSTRACT Sexuality issues for adolescents with cancer are discussed here in view of normative adolescent growth and development and American adolescent sexuality. Cancer is discussed as it impacts three broad developmental tasks: emancipation, identity, and functional role. A table included in the article gives the most common therapies for different types of cancer and ways these therapies can impact sexuality. Types of cancer specified are: acute leukemia, central nervous system tumors, Hodgkin's lymphoma, Non-Hodgkin's lymphoma, osteogenic sarcoma, and Ewing's sarcoma. Nursing techniques stressed are assessment and education.

AUTHOR Levine SB;
TITLE **Introduction to the sexual consequences of hemophilia.**
SOURCE *Scandanavian Journal of Rehabilitation Medicine* 1984 Jun;Suppl. 40(33):75–82;

ABSTRACT The effects of hemophilia on sexuality are examined with emphasis on: sexual identity, gender identity, sexual orientation, intentions, functional capacity, the intimate relationship, and developmental landmarks. The author proposes that the greatest impact of hemophilia on sexuality is that illness identity threatens to supercede gender identity. Further, the author asserts that perceived heterosexual shyness among this population may be due to unrecognized problems of sexual orientation and intention. Suggestions for a developmental approach to fostering healthy sexuality are proposed.

AUTHOR Neff J;
TITLE **Sexual well–being: A goal for young blind women.**
SOURCE *Journal of Visual Impairment and Blindness* 1983 Jun;77(6):296–7;

ABSTRACT This article identifies a few issues involved in establishing a positive sexual identity for adolescent and young adult women with visual impairments. Proactive goal-setting and a problem-solving approach are emphasized. The importance of a strong gender identification and a broad understanding of sexuality as multi-faceted are stressed. The author attempts to explain some of the reasons why women with visual impairments may benefit from help in this area.

AUTHOR Painsky A; Katz S; Kravetz S;
TITLE **The impact of institutionalization on the sex identity and sexual behavior of mildly handicapped young persons.**
SOURCE *International Journal of Adolescent Medicine and Health* 1986 Apr;2(2):145–51;

ABSTRACT This study investigated the relationship between length of institutionalization and the sexual identity and behavior of 30 18–30 year olds with mild mental retardation. For males, a negative association was found between length of institutionalization and sex identity crystalization, but this was not found for females.

AUTHOR Porter M;
BOOK ***Sexuality and people with physical disabilities.***
SOURCE World Health Organization, Regional Office for Europe:Copenhagen,1987:69;

ABSTRACT This report is the product of a project which offered workshops to people with disabilities. In these workshops, participants discussed personal experiences and goals and made recommendations to the World Health Organization (W.H.O.) regarding needed resources, education, information, services, and support. The report provides analysis and assessment of current factors and makes recommendations for dissemination to governments, planners, and service providers. Specific chapters address growing up sexually as a young person with disabilities and sexuality education.

AUTHOR Pueschel SM; Scola PS;
TITLE **Parents' perception of social and sexual functions in adolescents with Down's syndrome.**
SOURCE *Journal of Mental Deficiency Research* 1988 Jun;32(Part 3):215–20;

ABSTRACT Results of this study in Rhode Island indicated that, according to their parents, less than half of the adolescents with Down syndrome under study had ever had any sex education. More than half of these adolescents were considered by parents to be interested in the opposite sex and attending social gatherings. Fewer had expressed interest in marriage or sexual relationships. Approximately half of these parents thought their children should be sterilized or use birth control. Almost all the parents of females expressed concern that their child might be sexually exploited.

AUTHOR Raimbault G; Cachin O; Bargues JF; et al.;
TITLE **Diseases and malformations of the genital tract in adolescent girls: Implications for sexuality and femininity.**
SOURCE *International Journal of Adolescent Medicine and Health* 1986 Jan;2(1):15–25;

ABSTRACT General discussion of sexuality concerns of adolescent girls with cancer, congenital adrenal hyperplasia, and sexual ambiguity. During weekly meetings, physicians discussed their clinical cases. Even though the doctor–patient relationship was of long standing, the relationship was often strained by the need for discussions about sexuality. Both patients and parents showed resistance and denial when physicians attempted to discuss the medical condition and its relation to the patient's present and future sexual life.

AUTHOR Renshaw DC;
TITLE **How handicapped teens cope with friendship, love and sex.**
SOURCE *PTA Today* 1985 Feb;10(4):21–22;

ABSTRACT Friendship, dating, and sexual experience among adolescents with physical and/or learning disabilities is discussed. Issues discussed include the adolescents' psychological development in relation to friendship, dating, and sex. Also included is a frank discussion of the parental and professional responsibility to view their children/clients as sexual beings and to educate them adequately and in an ongoing fashion.

AUTHOR Rowitz L;
TITLE **The forgotten ones: Adolescence and mental retardation.**
SOURCE *Mental Retardation* 1988 Jun;26(3):115–7;

ABSTRACT The author comments on the inattention to adolescence in most of the literature on mental retardation. The social role of adolescence is discussed along with the complicating social factors associated with disabilities. Parenting issues, substance abuse, sexuality, the role of schools, and health care needs are discussed. The author urges professionals to address these concerns.

AUTHOR Shaul S;
TITLE **Deafness and human sexuality: A developmental review.**
SOURCE *Am Ann Deaf* 1981 Jun;126(4):432–9;

ABSTRACT Psychosocial development of children with deafness is reviewed as it relates to sexuality. Sexual behavior among adults with deafness is described. According to the author, most children with deafness are not given adequate opportunities for affective development or sexual information. Residential schools may fall short of the task of sex education as do most parents. Suspected sequelae to these shortcomings are explored. Suggestions made for future intervention programs include parent training, residential school programs, professional training, specialized materials, and further research.

AUTHOR Simonds JF;
TITLE **Sexual behaviors in retarded children and adolescents.**
SOURCE *Journal of Developmental and Behavioral Pediatrics* 1980 Dec;1(4):173–9;

ABSTRACT An overview of the literature, with an emphasis on the sexual behavior of adolescents with retardation. The author suggests that this population is vulnerable to suggestion, poor judgement, and an inability to predict consequences of their behaviors. Common behaviors which seem to most disturb parents are masturbation and homosexual experimentation. The author encourages education and counseling regarding sexuality as a matter of course for adolescents with retardation and their parents.

AUTHOR Williams DN;
TITLE **Becoming a woman: The girl who is mentally retarded.**
SOURCE *Pediatric Nursing* 1987 Mar;13(2):89–93;

ABSTRACT An ethnographic study of 11 girls (ages 9–13 years) with mental retardation. Observations and interviews were used to examine their physical, social, and emotional developmental processes. In most cases, the girl with mental retardation was thought to do what her peers could do.

AUTHOR Wilson PA; Wasserman K;
TITLE **Psychosocial responses to the threat of HIV exposure among people with bleeding disorders.**
SOURCE *Health and Social Work* 1989 Aug;14(3):176–83;

ABSTRACT The results of this study led the authors to plan program initiatives targeting adolescents in order to test the effectiveness of the following interventions: outreach, peer counselors, home videos, discussion of these videos, and referrals to professional treatment centers. They suggest that such work with adolescents may better inform interventions with the broader population of people with bleeding disorders. Suggestions are made for further research targeting families of youth with bleeding disorders.

AUTHOR | Woodhead JC; Murph JR;
TITLE | **Influence of chronic illness and disability on adolescent sexual development.**
SOURCE | *Seminars in Adolescent Medicine* 1985 Sep;1(3):171–6;

ABSTRACT | Discussion of sexual issues with a psychosocial emphasis as relating to chronic illness and disability by developmental level.

B. ATTITUDES AND KNOWLEDGE

AUTHOR | Agle D; Gluck H; Pierce GF;
TITLE | **The risk of AIDS: Psychologic impact on the hemophilic population.**
SOURCE | *General Hospital Psychiatry* 1987 Jan;9(1):11–7;

ABSTRACT | One hundred sixteen subjects with hemophilia, 94 parents of youth with hemophilia, and 40 mates of individuals with hemophilia completed questionnaires regarding their feelings about the risk of AIDS. Distress appears to be lessening over time. Of the three groups participating, parents (of teenagers) report the most distress. Suggestions regarding professional intervention are provided.

AUTHOR | Brantlinger EA;
TITLE | **Mildly mentally retarded secondary students' information about and attitudes toward sexuality and sexual education.**
SOURCE | *Education and Training of the Mentally Retarded* 1985 Jun;20(2):99–108;

ABSTRACT | Students with mild retardation were interviewed to determine their knowledge of sexual topics and their attitudes towards sexuality and sex education. Results indicate that knowledge concerning sexuality is lacking and attitudes towards sexuality may interfere with responsible decision-making. However, interest in sex education is high.

AUTHOR | Jaffe LR; Aledort L;
TITLE | **Adolescents with hemophilia: Psychosocial and sexual implications of infection with human immunodeficiency virus.**
SOURCE | *Journal of Adolescent Health Care* 1988 May;9(3):261;

ABSTRACT | An abstract of a paper presented at the 1988 Annual Meeting of the Society for Adolescent Medicine. Fifteen adolescents who had received multiple infusions of clotting factor were interviewed about the association between hemophilia and HIV infection. Their general knowledge and awareness of personal HIV status varied. Several either were or had been sexually active, but because of AIDS, most were discrete about revealing their hemophilia to prospective gay or heterosexual partners. These adolescents were more worried about rejection by sexual partners. Findings indicate reason for concern about psychosocial trauma for these patients.

AUTHOR Johnson DM; Johnson WR;
TITLE **Sexuality and the mentally retarded adolescent.**
SOURCE *Pediatric Annals* 1982 Oct;11(10):847–53;

ABSTRACT An overview, this article emphasizes current knowledge as it informs the practical guidelines provided by the authors. Key terms and philosophies are described. Anecdotal information is used as illustration. The authors point out that sexual knowledge does not seem to correlate with IQ, and parents may underestimate their child's abilities and the degree to which their child is a sexual being. A question-and-answer format is used to discuss such common concerns as: sex role norms, nudity/self-exposure, sex play, inappropriate social and affectional behaviors, homosexuality, dating, marriage and parenthood, and contraception.

AUTHOR Mitchell C;
TITLE **The effects of a sexual issues discussion group on the sexual attitudes and behaviors of physically disabled college students.**
SOURCE *Sexuality and Disability* 1988 Spring;5(1):3–8;

ABSTRACT In this study, college students with congenital and acquired physical disabilities were assigned to a sexual discussion group or a waiting list control group. No statistically significant difference was found between the two groups (sample size=12); however, the experimental group demonstrated non-significant shift toward more liberal attitudes and behaviors. Half of the experimental group initiated personal counseling after the study, while none of the control group did so.

AUTHOR Nolan T; Desmond K; Herlich R; et al.;
TITLE **Knowledge of cystic fibrosis in patients and their parents.**
SOURCE *Pediatrics* 1986 Feb;77(2):229–35;

ABSTRACT Survey of 28 patients ages 10–21 years and parents of 25 noting conspicuous deficits in awareness of impact on reproductive potential.

AUTHOR Noland MP; Riggs RS; Hall JW;
TITLE **An assessment of the health knowledge of secondary special education students.**
SOURCE *Health Education* 1985 Dec;16(6):36–9;

ABSTRACT This study attempted to measure 216 students' (age 14–20 years of age) level of knowledge about physical fitness, smoking, dental health, disease, alcohol and drugs, nutrition, and personal health. Knowledge regarding sexually transmitted diseases was also measured. Thirty-four percent of students with mild mental retardation (MMR) and 57% of students with learning disabilities (LD) recognized the first symptoms of venereal disease. However, 26% of students with MMR and 22% of those with LD thought that venereal diseases were almost always caught by breathing germs in the air. Eighty percent of the students had participated in formal health education courses. Seventy-two percent of the study sample were male.

AUTHOR Overby KJ; Lo B; Litt IF;
TITLE **Knowledge and concerns about acquired immuno deficiency syndrome and their relationship to behavior among adolescents with hemophilia.**
SOURCE *Pediatrics* 1989 Feb;83(2):204–10;

ABSTRACT Twenty–six adolescents with hemophilia (ages 13–19) were found to be knowledgeable regarding etiology, natural history, transmission and prevention of AIDS. Their behaviors, however, were not necessarily consistent with this knowledge. Safer sex was not being practiced by those who were sexually active. Implications for educators and policymakers are discussed. Explanations for inconsistencies between behavior and knowledge are suggested, such as: social skills, peer pressures, and specific concerns expressed by the adolescents surveyed.

AUTHOR Robillard K; Fichten CS;
TITLE **Attributions about sexuality and romantic involvement of physically disabled college students: An empirical study.**
SOURCE *Sexuality and Disability* 1983 Fall;6(3-4):197–212;

ABSTRACT College students without disabilities were studied and found to perceive their peers who have disabilities as more socially anxious, less gender role stereotyped and less likely to be dating than their non-disabled peers. Males attributed greater interest in sexual activities to peers with disabilities. Generally, the students studied showed significantly lower levels of comfort with students who have a disability than with those who do not. Comfort was only marginally associated with previous contact. Previous contact was unrelated to attributions concerning sexuality and romantic involvements.

AUTHOR Welman C;
TITLE **Sexuality and the developmentally disabled.**
SOURCE *Nursing RSA* 1987 Jan;2(1):17,34;

ABSTRACT An overview of facts versus common misconceptions is provided. Two common myths are addressed: People with mental retardation (especially adolescents) are "over-sexed"; people with mental retardation are totally dependent. Other topics include sex education, masturbation, contraception, and support. The pros and cons of the following six methods of birth control are briefly discussed: oral contraceptives, IUDs, injectables, sterilization, barrier methods, and abstinence.

AUTHOR Ziff SF;
TITLE **The sexual concerns of the adolescent woman with cerebral palsy.**
SOURCE *Issues Health Care of Women* 1981 Jan;3(1):55–63;

ABSTRACT Discussion of sexuality issues for young women with cerebral palsy, including attitudes, mislabeling, dating, menstruation, contraception, and pelvic examination. The sexual needs and desires of persons with handicaps have often been overlooked by family and health professionals. Health professionals can address the specialized needs of these patients by being sensitive and accepting.

C. SEX EDUCATION

AUTHOR Baugh RJ;
TITLE **Sexuality education for the visually and hearing impaired child in the regular classroom.**
SOURCE *Journal of School Health* 1984 Nov;54(10):407–9;

ABSTRACT A general discussion of the need for sex education and information by individuals with hearing and visual impairments. In addition to the goals that would apply to any sex education program, students with visual and hearing impairments should be helped to appraise their limitations and should learn to make intelligent decisions about sexuality and sexual behavior. Modification of course materials and techniques may be necessary including an awareness of students' language deficiencies. Parents and teachers should become aware of their own attitudes about sexuality in order to help the adolescent's psychosocial sexual development.

AUTHOR Blum RW;
TITLE **Sexual health needs of physically and intellectually impaired adolescents.**
BOOK ***Chronic illness and disabilities in childhood and adolescence.***
EDITOR Blum RW;
SOURCE Grune and Stratton:NY, 1984:127–41;

ABSTRACT Addresses the issues of sexuality in disabled adolescents. Topics include: an expanded definition of sexuality and acceptable sexual behavior; the relationship between disabilities and adolescent sexual development; sex education; parent and adolescent attitudes toward sex education and sexual behavior; determining contraceptive needs; the use of medroxyprogesterone acetate; sterilization and informed consent. The sexual health of each individual should be a central concern for parent and health professionals.

AUTHOR Carr J; Purdue C;
TITLE **Sexuality education for special needs adolescents.**
SOURCE *Cancer Nursing* 1988 Dec;84(11):26–9;

ABSTRACT A model program, instigated at the request of teachers, is described. The program was designed for two separate classes–one class made up of adolescents with mental retardation and another class made up of adolescents with other types of physical disabilities. The Changing Me program for 7th graders formed the foundation for this model and was modified to fit the psychosocial, behavioral, cognitive, communication, and learning characteristics of the students. The importance of including methods which foster positive self-image is argued, and implementation and results are described.

AUTHOR Champagne MP; Walker-Hirsch LW;
TITLE **Circles: A self-organization system for teaching appropriate social/sexual behavior to mentally retarded/developmentally disabled persons.**
SOURCE *Sexuality and Disability* 1982 Fall;5(3):172–7;

ABSTRACT The Circle concept for teaching human sexuality to people who have mental retardation and/or learning disabilities is described. This system makes use of multi-sensory techniques to provide students with a concrete understanding of basic principles.

AUTHOR Demetral GD;
TITLE **Does ignorance really produce irresponsible behavior?**
SOURCE *Sexuality and Disability* 1981 Fall;4(3):151–60;

ABSTRACT This study compared recorded behaviors before and after a sexuality education program for institutionalized adolescents and young adults with mental retardation. Sexual assaults and required pregnancy exams decreased at post-test. Staff time used to counsel students regarding sexual behavior also decreased, while personal hygiene among study participants improved. The author offers suggestions for further research.

AUTHOR Demetral GD; Driessen J; Goff GA;
TITLE **A proactive training approach designed to assist developmentally disabled adolescents deal effectively with their menarche.**
SOURCE *Sexuality and Disability* 1983 Spring;6(1):38–46;

ABSTRACT A description and evaluation of a menstrual hygiene training program for pubescent girls with mental retardation is provided. An outline of program procedures and individual results is presented. Arguments are made for the need for such a program and for more far-reaching programs.

AUTHOR Edmonson B;
TITLE **Sociosexual education for the handicapped.**
SOURCE *Exceptional Education Quarterly* 1980 Aug;1(2):67–76;

ABSTRACT Sexuality education for adolescents with disabilities is discussed as a necessary part of socialization. Issues explored include: civil rights of people with disabilities, program planning, training of instructors, and effects associated with sex education. General knowledge levels regarding sexuality among adolescents are presented and basic guidelines for sociosexual education are suggested.

AUTHOR Epps S; Stern RJ; Horner RH;
TITLE **Comparison of simulation training on-self and using a doll for teaching generalized menstrual care to women with severe mental retardation.**
SOURCE *Research in Developmental Disabilities* 1990;11(1):37–66;

ABSTRACT Three teenagers and one adult were trained in menstrual self-care through simulated conditions. Theatrical paint was used to simulate staining. Participants were guided through a 19-step self-care sequence and then required to perform the sequence independently either on themselves or on a doll. Self-care skills improved and became generalized after on-self training but not after training with a doll. For some, improvement faded over time. The researchers suggest such training might be more effective if combined with training during the learner's menstrual cycle. The authors acknowledge and discuss possible objections to on–self training as intrusive.

AUTHOR Evans AL; McKinlay IA;
TITLE **Sex education and the severely mentally retarded child.**
SOURCE *Developmental Medicine and Child Neurology* 1989 Feb;31(1):98–103;

ABSTRACT From a British perspective, this article discusses the rationale for, timing of, and important elements to include in sex education for children and adolescents with severe mental retardation. Relevant empirical findings are reviewed. Teaching techniques and materials are described. Topics include: parental involvement, controversies, physiological differences, genetic counselling, and practical advice.

AUTHOR Fedje CG; Holcombe M;
TITLE **Testing for child development and parenting knowledge.**
SOURCE *Teaching Exceptional Children* 1986 Sum;18(4):253–7;

ABSTRACT The purpose of this study was to develop measurement strategies and instruments for use with students who are mildly mentally retarded and mainstreamed into home economics courses. Results with 46 students ages 14–20 indicate that the use of multisensory instruction and testing is advantageous, and that teacher-made tests are of greater value and significance than standardized tests.

AUTHOR Flinn S;
TITLE **Preparing teachers of the deaf to teach sex education.**
SOURCE *Sexuality and Disability* 1982 Winter;5(4):230–6;

ABSTRACT An in-service model to prepare professionals who have no teaching and counseling background in sexuality. The goal is to infuse traditional curricula with basic concepts of human growth and development such as: family relationships, sex differentiation, health and personal hygiene, social attitudes, habits and problems, growth, development, and reproduction. The unique problems associated with communicating with people who have hearing impairments are discussed.

AUTHOR Foxx RM; McMorrow MJ; Fenlon S; et al.;
TITLE **The reductive effect of reinforcement procedures on the genital stimulation and stereotypy of a mentally retarded adolescent male.**
SOURCE *Analysis and Intervention in Developmental Disabilities* 1986;6(3):239–248;

ABSTRACT In this case study, the absence of genital stimulation over increasing lengths of time was reinforced with edibles and a stereotypic behavior (picking up and dropping an object from one hand to another). When the edible reward was withdrawn, stereotypy was not discontinued; but edibles alone were also successful in maintaining reductions in genital stimulation. The researchers conclude that public genital stimulation is amenable to change through the use of positive treatment.

AUTHOR Haight SL; Fachting DD;
TITLE **Materials for teaching sexuality, love and maturity to high school students with learning disabilities.**
SOURCE *Journal of Learning Disabilities* 1986 Jun;19(6):344–50;

ABSTRACT A special worktext was written to teach students 15–17 years of age with learning disabilities about sexuality, love and maturity. Six students with learning disabilities were taught in a group with six students without learning disabilities. The students with learning disabilities showed improved post-test scores on the criterion referenced measures. Students without learning disabilities were not tested.

AUTHOR Hamre-Nietupski S; Ford A;
TITLE **Sex education and related skills: A series of programs implemented with severely handicapped students.**
SOURCE *Sexuality and Disability* 1981 Fall;4(3):179–93;

ABSTRACT Seven years of programming for 12 to 16 year-old students with severe physical, emotional, or cognitive disabilities is described. The programs were implemented in a variety of settings including home, school, and community. Topics covered by this article include: program rationale, instructional and measurement procedures, and parental interaction. Program content areas included: body distinctions, birth control and reproduction, family life skills, self-care skills, and social manners/interaction skills.

AUTHOR Jacobs R; Samowitz P; Levy JM; et al.;
TITLE **Developing an AIDS prevention program for persons with developmental disabilities.**
SOURCE *Mental Retardation* 1989 Aug;27(4):233–7;

ABSTRACT There are relatively few AIDS education programs for persons with developmental disabilities. The purpose of this article is to provide conceptual guidelines for the development of appropriate AIDS prevention education programs for people who have developmental disabilities. The Young Adult Institute model for AIDS prevention education is presented.

AUTHOR Kessler MI;
TITLE **Out of the locker room and into the classroom: Innovative approaches to the use of media and strategies in sex education for the deaf.**
SOURCE *American Annals of the Deaf* 1980 Sep;125(6):822–5;

ABSTRACT While many of the visual teaching approaches to sexuality education for youth with deafness have been adaptations (through verbatim captioning) of materials intended for a general audience, this article describes a film on contraception which uses total communication, as well as captioning, and actual student and staff scenes to underscore important points. Both affective and content areas are discussed. Strategies address: communication, values, relationships, the "how" and "why" of sex, and negotiating the health/mental health service system. Approaches to developing teaching materials are discussed including the pros and cons of specific techniques.

AUTHOR Love E;
TITLE **Parental and staff attitudes toward instruction in human sexuality for sensorially impaired students at the Alabama Institute for Deaf and Blind.**
SOURCE *American Annals of the Deaf* 1983 Feb;128(1):45–7;

ABSTRACT Of the parents and staff surveyed, both groups agreed that there is a need for sex education among children with hearing and vision impairment; the groups vary in their opinions regarding the specifics of such an intervention. The areas of sexual information addressed by the survey include: anatomy, grooming, STDs, dating, reproduction, marriage, peer relationships, contraception, intercourse, heredity, homosexuality, divorce, deviant behavior, incest, masturbation, abortion, sterilization, and pornography.

AUTHOR Martin ML; Forchuk C;
TITLE **Sexuality and the developmentally handicapped: Health education strategies.**
SOURCE *British Journal of Special Education* 1987;11(2):101–9;

ABSTRACT According to the authors, everyone benefits from education in the area of sexuality, including persons with developmental disabilities, if the curriculum is adapted to their needs and is developmentally appropriate. Persons with disabilities are sexual beings, and those who work with these persons should possess an adequate working knowledge of the facets of human sexuality. A model group program in sex education is described.

AUTHOR McClennen S;
TITLE **Sexuality and students with mental retardation.**
SOURCE *Teaching Exceptional Children* 1988 Sum;20(4):59–61;

ABSTRACT their This article examines strategies that special education teachers can use to teach students with mental retardation about sexuality. Practial methods are given to teach students respect for privacy, appropiate social interaction, how their bodies work, about sexual feelings, how to express affection, about sexual intercourse, and how to control one's own body.

AUTHOR McKee L; Kempton W; Stiggall L;
BOOK ***An easy guide to loving carefully.***
SOURCE Network Publications:Santa Cruz, CA, 1987.

ABSTRACT This guide provides a very clear and uncomplicated presentation of facts about sexuality and reproduction. Simple illustrations on almost every page and extra-large type size makes this especially appropriate for people with low-level reading skills or learning disabilities, or for persons with developmental disabilities. Subjects include: women's and men's reproductive organs, birth control, breast and pelvic examinations, AIDS, chlamydia, and other STDs.

AUTHOR Polvinale RA; Lutzker JR;
TITLE **Elimination of assaultive and inappropriate sexual behavior by reinforcement and social-restitution.**
SOURCE *Mental Retardation* 1980 Feb;18(1):27–30;

ABSTRACT This article describes a case study in which the sexually inappropriate, assaultive, and genital self-stimulative behaviors of an adolescent male with Down's syndrome were successfully eliminated. A modified multiple baseline design was used in which differential reinforcement of other behavior (DRO), and social-restitution (apologizing to victim(s)) were the interventions. Results showed that the combination of DRO verbal praise and social restitution was more effective than the use of DRO alone.

AUTHOR Quackenbush M; Nelson M; Clark K;
BOOK ***The AIDS challenge: Prevention education for young people.***
SOURCE Network/ETR Associates:Santa Cruz, CA, 1988.

ABSTRACT A compilation of chapters written by leading professionals in the field of AIDS education designed to provide school and youth agency personnel with current information and prevention education strategies. Three of the chapters focus on the needs of youth with disabilities: 1) AIDS education for youth with hemophilia, 2) AIDS education for individuals with developmental, learning, or mental disabilities, and 3) teaching about AIDS for youth with sensory or physical disabilities.

AUTHOR Richman GS; Ponticas Y; Page TJ; et al.;
TITLE **Simulation procedures for teaching independent menstrual care to mentally retarded persons.**
SOURCE *Applied Research in Mental Retardation* 1986;7(1):21–35;

ABSTRACT This study evaluated the effectiveness of a training program to teach menstrual care to adolescents with mental retardation. Using dolls to simulate menstruation, adolescent females were taught skills necessary for independent menstrual care. Results indicate that this approach is both appropriate and possible.

AUTHOR Schneider S; Berman C; Aronson D;
TITLE **Sexuality as a treatment issue with a special population of adolescents.**
SOURCE *Adolescence* 1984 Spring;19(73):201–6;

ABSTRACT According to the authors, a therapeutic approach when working with adolescents who have psychiatric or brain disorders ought to include work related to emotions and psychosexual development. One such program is described with sexuality representing a component of programming. An interdisciplinary team approach is utilized with a range of individual and group dynamics. Sexuality is operationalized as a function of identity formation.

AUTHOR Schultz JB; Adams DU;
TITLE **Family life education needs of mentally disabled adolescents.**
SOURCE *Adolescence* 1987 Spring;22(85):221–30;

ABSTRACT The Family Life Information Inventory, modified to accommodate reading and comprehension levels of adolescents with mild or minimal mental retardation, was administered to the participants of this study. Data indicated unmet needs in six areas: basic nutrition, teenage pregnancy, developmental tasks of adolescence, sex education, marriage and parenthood, and planning/decision making. Participants indicated that they wanted more help with: decisions regarding pregnancy, setting goals and making plans, responsibilities for, and effects of, decisions on self and others. The authors conclude that findings indicate a strong desire, by these adolescents, to become independent responsible decision-makers. They suggest that family life education curricula should emphasize skills and knowledge in these areas of unmet need.

AUTHOR Sherer DP;
TITLE **Broadening horizons: A human sexuality program at summer camp.**
SOURCE *Sexuality and Disability* 1980 Summer;3(2):105–11;

ABSTRACT A program in human sexuality for teens and young adults with disabilities is described. The program's organization, operation, theoretical foundations, development, and impact are explained. The utility of implementing such a program as part of a summer camp is discussed. Format, curriculum, resources, staff training, and methods by which the program was integrated into camp experience are provided.

AUTHOR Smigielski PA; Steinmann MJ;
TITLE **Teaching sex education to multiply handicapped adolescents.**
SOURCE *Journal of School Health* 1981 Apr;51(4):238–41;

ABSTRACT Provided is an overview of educational approaches useful in teaching adolescents with mental retardation, visual impairments, and combinations of these disabilities. Strategies discussed include: task analysis, use of concrete materials, repetition, skill practice, social interaction, methods that make use of senses other than sight, peer reinforcement, and creating opportunities for social learning. A case example of a 19-year-old male is presented to illustrate the principles discussed.

AUTHOR Taylor MO;
TITLE **Teaching parents about their impaired adolescent's sexuality.**
SOURCE *MCN The American Journal of Maternal/Child Nursing* 1989 Mar;14(2):109–12;

ABSTRACT The author presents a model to help nurses educate parents to become sex educators of their retarded children, including basic assumptions on which the intervention theory is based. A care plan that can be used as a guideline for client teaching is described as well as general questions that can be used to evaluate the success of parent teaching efforts.

AUTHOR Thorton CE;
TITLE **Sex education for disabled children and adolescents.**
BOOK ***Sexuality and physical disability. Personal perspectives.***
EDITOR Bullard DG; Knight SE;
SOURCE CV Mosby Co.:St. Louis, MO,1981:229–34;

ABSTRACT An overview of issues surrounding sex education for children and adolescents with physical and mental disabilities is provided. Topics include: behavior problems such as vulnerabily to sexual exploitation, self-esteem, developmental tasks, learning about rejection, independence, parental involvement, development of social skills, values and morals, and communication issues.

AUTHOR Thornton CE;
TITLE **Needs in sexuality education for children and adolescents with physical disabilities.**
SOURCE SIECUS Report 1981 May;9(5–6):1–2,4;

ABSTRACT Reviews issues surrounding sexuality education for children and adolescents with disabilities. Developmental and historical factors are discussed, as are values and expectations. Educators are urged to address such topics as: anatomy, functional limitations associated with specific disabilities, feelings about educational content, integration, contraception, pain, sensation, attitudes, and the need to educate parents. (To order, contact SIECUS, 212/819-9770.)

AUTHOR Treadwell MC; Patrias RL;
BOOK ***Growing up with Spina Bifida. A book about puberty, independence, and caring.***
SOURCE University of Michigan Hospitals, Dept. of Physical Medicine and Rehabilitation:Ann Arbor, MI, 1981:Booklet;

ABSTRACT This short booklet was designed for young persons with spina bifida to discuss reproductive anatomy, puberty and the implications of spinal cord defects, body image, self-care, and sexuality concerns. Each topic is covered briefly, and the level of sophistication is appropriate for young teens or those with intellectual impairment.

AUTHOR Welbourne AK;
TITLE **Sexual education of the blind adolescent.**
SOURCE *Sexual Medicine Today* 1982 Dec;2:10–14;

ABSTRACT A discussion of the importance of sex education for adolescents with vision impairments and the role health care professionals can play in facilitating the process.

AUTHOR Whitman B; Accardo P;
BOOK ***When a parent is mentally retarded.***
SOURCE Paul H. Brookes:Baltimore, MD, 1989:240;

ABSTRACT Issues associated with childbearing and childrearing among people with mental retardation are discussed. Topics include: epidemiological perspectives, educational interventions, legal and ethical considerations, genetic factors, planning and program design, and available health, housing, and support services.

AUTHOR Ziff SF;
TITLE **Symbolic sexual vocabulary for the severely speech impaired.**
SOURCE *Sexuality and Disability* 1984 Spr;7(1-2):3–14;

ABSTRACT The author outlines an approach to communicating about sexuality by people with severe speech impairments. The basic symbols within the Symbolic Sexual Vocabulary (SSV) are illustrated. The rational and history of SSV are explained.

D. SEXUAL ABUSE

AUTHOR Ammerman RT; Van Hasselt VB; Hersen M; et al.;
TITLE **Abuse and neglect in psychiatrically hospitalized multihandicapped children.**
SOURCE *Child Abuse and Neglect* 1989;13(3):335–43;

ABSTRACT Thirty-nine percent of the sample of children and youth (13–19 years old) with developmental disabilities exhibited evidence of past or current abuse or neglect. Of those with definite signs, 69% were physically abused, 45% neglected, and 36% sexually abused. Further, 52% experienced concurrent, multiple forms of maltreatment. Most (45%) were initially maltreated in the first two years of life. For 9%, maltreatment began in adolescence (ages 11–16). A case example of a 16-year-old boy who experienced sexual abuse is provided. Multiple perpetrators were involved in 40% of sexual abuse cases.

AUTHOR Krents E; Schulman V; Brenner S; et al.;
TITLE **Child abuse and the disabled child: Perspectives for parents.**
SOURCE *Volta Review* 1987 Sep;89(5):78–95;

ABSTRACT An overview of physical and sexual abuse and the factors that make youth with disabilities particularly vulnerable to abuse. Ways in which parents and educators can confront the problem are suggested. The importance of educating and providing skills to children with disabilities is emphasized. Statistics are included on the epidemiology of the problem, strategies for preventing and recognizing abuse are detailed.

AUTHOR Schor DP;
TITLE **Sex and sexual abuse in developmentally disabled adolescents.**
SOURCE *Seminars in Adolescent Medicine* 1987 Mar;3(1):1–7;

ABSTRACT This article describes the reasons that social maturation and independence may be delayed in adolescents with developmental disabilities. Sexuality may be problematic for the adolescent with disabilities because of community misunderstanding, interference by the handicapping condition, limited opportunities for social interaction, inadequate preparation by parents and/or caregivers, and the provision of incomplete or incorrect information to these adolescents. Several theories are presented which may explain why a particular child becomes a target for abuse. There is a need for programs and activities designed to prevent sexual abuse of developmentally disabled adolescents.

AUTHOR Sobsey D; Gray S; Wells D; et al.;
BOOK ***Disability, sexuality, and abuse.***
SOURCE Paul H. Brookes:Baltimore, MD, 1991;

ABSTRACT This reference book includes annotated information about resources, programs, and services relating to sex education; sexual abuse; assault and exploitation; physical and psychological abuse; and developmental disabilities. International citations are included.

E. REPRODUCTION

AUTHOR Bianchi PW; Garcea RL;
TITLE **Successful pregnancy in an adolescent with metastatic undifferentiated sarcoma. A case report.**
SOURCE *Journal of Reproductive Medicine* 1987 Jan;32(1):76–8;

ABSTRACT Report of a 17-year-old who conceived after extensive chemotherapy and delivered a premature normal infant. The article stresses the need for contraceptive counseling and discusses ethical issues of continued treatment should pregnancy occur.

AUTHOR Brahams D;
TITLE **House of Lords upholds decision to sterilise 17-year-old mentally handicapped girl.**
SOURCE *Lancet* 1987 May;1(8541):1099–100;

ABSTRACT Reports the circumstances and rationale for this legal decision in Great Britain, a decision that reportedly was based solely on the welfare and benefits of the girl, a ward of the state. The author distinguishes between this type of decision and one based on social purposes, eugenics, or the convenience of caregivers. The concept of parens patriae is discussed.

AUTHOR Chamberlain A; Rauh J; Passer A; et al.;
TITLE **Issues in fertility control for mentally retarded female adolescents: I. Sexual activity, sexual abuse, and contraception.**
SOURCE *Pediatrics* 1984 Apr;73(4):445–50;

ABSTRACT In this study, adolescents with mild mental retardation (MR) (n = 69, age range = 11–23 years of age) appeared to be engaging in sexual intercourse to an extent comparable to the general adolescent population. Adolescents with moderate MR were somewhat less sexually active; those with severe MR were much less sexually active. One-third of the adolescents with mild MR and one-fourth of those with moderate MR had been victims of rape or incest. Of the 48% who had ever used contraception, IUD's and injectable medroxyprogesterone were preferred over oral contraceptives. Of those who remained sexually active, 43% became pregnant.

AUTHOR Eser A;
TITLE **Contraception and abortion of mentally handicapped female adolescents under German law.**
SOURCE *Medicine and Law – International Journal* 1985;4(6):499–513;

ABSTRACT An overview of current practices in West Germany regarding contraception, sterilization, and abortion for female adolescents with mental retardation. Topics addressed include: consent, parental involvement, competency, guardianship, medical issues, issues for institutions, and physician responsibility/discretion. Attention is paid to the ambiguity of these issues in current German law.

AUTHOR Evans AL; McKinlay IA;
TITLE **Sexual maturation in girls with severe mental handicap.**
SOURCE *Child: Care, Health and Development* 1988 Jan;14(1):59–69;

ABSTRACT The investigators found that girls with Down syndrome reached menarche 11 months earlier than the population average, while girls with other types of mental retardation reached menarche 21 months later than average. These data are compared to other studies of sexual maturation and disability. The authors suggest that their results indicate sex education should begin before age 11 in this population. The discrepancy in age of menarche between girls with Down syndrome and girls with other types of mental retardation may imply that caution should be exercised in extrapolating to other types of mental retardation.

AUTHOR Fennoy I;
TITLE **Contraception and the adolescent diabetic.**
SOURCE *Health Education* 1989 Oct;20(6):21–3,31;

ABSTRACT An investigation of contraception use and pregnancy rates in Black and Hispanic adolescents with diabetes (n = 11, age range = 15–19 years). Results suggest that despite contraceptive counseling, the pregnancy rate among this sample group of minority adolescents with diabetes is greater than the pregnancy rate of similar minority populations.

AUTHOR Goldstein H;
TITLE **Menarche, menstruation, sexual relations and contraception of adolescent females with Down syndrome.**
SOURCE *European Journal of Obstetrics, Gynecology and Reproductive Biology* 1988 Apr;27(4):343–9;

ABSTRACT This Danish study sought to determine differences between 15 adolescent women with Down syndrome and 3 without Down syndrome. Variables examined included: age of menarche, duration of menstrual flow, length of menstrual cycle, and whether or not sexual intercourse had been experienced. Those without Down syndrome were significantly more likely to have experienced sexual intercourse and to have used contraceptives. However, while data for those without Down syndrome were obtained directly from the women themselves, data for the women with Down syndrome were obtained from caregivers, parents, or custodial adults.

AUTHOR Hein K;
TITLE **The interface of chronic illness and the hormonal regulation of puberty.**
SOURCE *Journal of Adolescent Health Care* 1987 Nov;8(6):530–40;

ABSTRACT Discussion of research on the epidemiology of chronic illness in adolescence, the effects of chronic illness on physical growth, the effects of treatments for chronic illness on pubertal development, and treatment for inducing or maintaining puberty in chronically ill adolescents. Includes a description of research on the differences in incidence and severity of chronic illness during adolescence and of funding research on chronic illness in adolescence.

AUTHOR Heiney SP;
TITLE **Adolescents with cancer. Sexual and reproductive issues.**
SOURCE *Cancer Nursing* 1989 Apr;12(2):95–101;

ABSTRACT This article provides an overview of general adolescent sexuality issues as they apply to adolescents with cancer. Topics include: impact of cancer diagnosis on sexual identity, long-term effects of cancer on sexuality and reproductive health, concerns associated with the treatment period, and concerns for long-term survivors. Nursing interventions designed to help adolescents cope are presented, including: collaborating with parents, relationship building, counseling, and education.

AUTHOR Johnson B;
TITLE **Family planning for mentally handicapped girls.**
SOURCE *British Journal of Hospital Medicine* 1987 Nov;38(5):481;

ABSTRACT The author presents a case scenario in which the parents of a 16-year-old girl with mental retardation were concerned about the girl's risk of pregnancy. The girl was about to enter a group living situation which would greatly increase opportunities for sexual activity. Legal constraints against sterilization and other invasive procedures (e.g., the IUD) are discussed as are practical constraints against oral contraceptives. The author asserts that current legal guidelines in Great Britain are overly restrictive in their attempt to protect the patient's civil rights.

AUTHOR Kleinfeld LA; Young RL;
TITLE **Risk of pregnancy and dropping out of school among special education adolescents.**
SOURCE *Journal of School Health* 1989 Oct;59(8):359–61;

ABSTRACT This study examined trends in teen pregnancy and dropping out of school for special education students and their non-special education peers. In this sample of 135 students (ages 12–19), drop-out rates before or after pregnancy showed no significant difference. A greater proportion of pregnant teens were in special education classes, and the students in special education tended to drop out of school earlier. The authors recommend further study to determine the reasons for these findings.

AUTHOR Kreutner AK;
TITLE **Sexuality, fertility, and the problems of menstruation in mentally retarded adolescents.**
SOURCE *Pediatric Clinics of North America* 1981 May;28(2):475–80;

ABSTRACT An introduction to sexuality related issues among adolescents with mental retardation is provided. The relationship between sexual knowledge and behavior is discussed, including the controversies surrounding what constitutes appropriate sexuality education for these individuals. Some genetic factors, legal issues, and medical problems are described. Contraception and other personal care issues are discussed with an emphasis on realistic expectations of the capabilities of an adolescent with mental retardation.

AUTHOR Kranzler, HR;
TITLE **Psychosocial issues concerning a pregnant adolescent with Hodgkin's disease.**
SOURCE *Journal of Psychosocial Oncology* 1987 Sum;5(2):83–9;

ABSTRACT A descriptive case study of a 15–year old pregnant woman who also has Hodgkin's disease. The young woman was urged to reveal her pregnancy to her mother even though she had a therapeutic abortion. Mother and daughter developed a closer relationship which helped to support the daughter through radiation therapy.

AUTHOR Neinstein LS; Katz B;
TITLE **Contraceptive use in the chronically ill adolescent female: Part I.**
SOURCE *Journal of Adolescent Health Care* 1986 Mar;7(2):123–33;

ABSTRACT Review of significant considerations in contraceptive use by illness category: cystic fibrosis, diabetes mellitus, seizure disorders, multiple sclerosis, asthma, congenital heart defect, rheumatic heart disease, Crohn's disease, and other conditions.

AUTHOR Neinstein LS; Katz B;
TITLE **Contraceptive use in the chronically ill adolescent female: Part II.**
SOURCE *Journal of Adolescent Health Care* 1986 Sep;7(5):350–60;

ABSTRACT Review of significant considerations in contraceptive use by illness category: cancer, sickle cell anemia, juvenile rheumatoid arthritis, renal disease, mental retardation, and other conditions.

AUTHOR Neinstein LS; Stewart D; Wang CI; et al.;
TITLE **Menstrual dysfunction in cystic fibrosis**
SOURCE *Journal of Adolescent Health Care* 1983 Sep;4(3):153–7;

ABSTRACT This study analyzes the factors in menarchal delay of 32 cystic fibrosis patients. Related issues such as menstrual problems, growth and development, sexual activity, contraception and pregnancy are also explored. The most conclusive finding was that weight was directly related to age of menarchal onset.

AUTHOR Osler M; David HP;
BOOK ***Sexuality and family planning: Perspectives for the mentally ill and handicapped.***
SOURCE The Danish Family Planning Association:Denmark,1989:72;

ABSTRACT Proceedings of an international seminar. Topics include: current concepts of family planning; ethical concerns; American perspectives, empirical research; views of psychiatric personnel; relationships between psychiatric admissions and pregnancy/childbirth; relationships between psychiatric admissions and voluntary abortion; mild mental retardation and family planning; counselling issues and techniques; parenting children without disabilities; models for sex education; and appropriate contraceptive methods.

AUTHOR Passer A; Rauh J; Chamberlain A; et al.;
TITLE **Issues in fertility control for mentally retarded female adolescents: II. Parental attitudes toward sterilization.**
SOURCE *Pediatrics* 1984 Apr;73(4):451–4;

ABSTRACT This study found that 46% of the 69 parents interviewed had considered sterilization for their adolescent daughters with mental retardation (MR) (age 11–23); 26% were still seeking such surgery. Severity of mental retardation correlated with interest in sterilization. Interest in sterilization also correlated with difficulty in teaching menstrual hygiene. Although parents of adolescents with mild MR most often sought tubal ligation, parents of those with severe MR sought hysterectomy due to their concerns over menstrual management. Eighty-five percent of the parents favored laws enabling conditional, limited sterilization.

AUTHOR Rauh JL; Dine MS; Biro FM; et al.;
TITLE **Sterilization for the mentally retarded adolescent: Balancing the equities/ The Cincinnati experience.**
SOURCE *Journal of Adolescent Health Care* 1989 Nov;10(6):467–72;

ABSTRACT Review of societal attitudes, current state statutes, and proposed model statute.

AUTHOR Schwartz RP;
TITLE **What I learned from a pregnant teenage diabetic patient.**
SOURCE *North Carolina Medical Journal* 1987 Jan;48(1):39;

ABSTRACT This physician describes his experience with a 17-year-old with insulin dependent diabetes mellitus, retinopathy, and hypertension. Six months before the girl's pregnancy and subsequent abortion, her parents had appealed to the author to prescribe contraception. The only method acceptable to the girl was oral contraceptives, which this physician thought overly risky. Now, the physician routinely prescribes birth control pills for patients with diabetes. He urges the importance of gathering sexual histories, counselling, and educational interventions.

F. SEX ROLE AND FUNCTIONING

AUTHOR Cass AS; Bloom BA; Luxenberg M;
TITLE **Sexual function in adults with myelomeningocele.**
SOURCE *Journal of Urology* 1986 Aug;136(2):425–6;

ABSTRACT Survey of 47 patients noting satisfactory sexual functioning in most.

AUTHOR Coffman CB; Levine SB; Althof SE; et al.;
TITLE **Sexual adaptation among single young adults with cystic fibrosis.**
SOURCE *Chest* 1984 Sep;86(3):412–8;

ABSTRACT Interviews and questionnaires were used to examine the sexual development of 48 single patients with cystic fibrosis. The control groups were a group of persons without chronic illness and a group of married patients with cystic fibrosis. While the single patients with cystic fibrosis showed some delays in sexual development, the differences were not significant.

AUTHOR Downey J; Ehrhardt AA; Morishima A; et al.;
TITLE **Gender role development in two clinical syndromes: Turner syndrome versus constitutional short stature.**
SOURCE *Journal of the American Academy of Child and Adolescent Psychiatry* 1987 Jul;26(4):566–73;

ABSTRACT Twenty–three women with Turner Syndrome (TUS) were compared with two control groups – 23 women with constitutional short stature and 10 normal sisters of the TUS women. The TUS group displayed more traditionally feminine behavior, thought to be a factor of psychosocial, hormonal, and other brain effects.

AUTHOR Levine SB; Stern RC;
TITLE **Sexual function in cystic fibrosis. Relationship to overall health status and pulmonary disease severity in 30 married couples.**
SOURCE *Chest* 1982 Apr;81(4):422–8;

ABSTRACT Of the 450 cystic fibrosis (CF) patients followed by the Cleveland Cystic Fibrosis Center at the time of the study, 6% overall and 20% of those over 19 were married. The majority of these married patients (n = 30, age range = 19–36 years) reported non-problematic or good sexual function. Nine reported serious sexual problems; five of these attributed their problems to CF. The researchers suggest that this link between serious sexual problems and CF may be indirect. The authors state that physicians can assure patients that they have reasonable chances for normal sexual functioning.

AUTHOR Rockney RM; Fritz GF; Caldamone A;
TITLE **Enuresis following masturbation in a mentally retarded adolescent**
SOURCE *Journal of Adolescent Health Care* 1989 Mar;10(2):165–7;

ABSTRACT This is a case report of a 13-year-old boy who had been free of nocturnal enuresis for three months. A subclinical seizure prompted by masturbation was a possible (though unlikely) explanation. However, micturation is a common human need following sexual intercourse. The problem was eliminated by parental reminders to urinate following masturbation. The parents determined when the boy had ejaculated by listening through a closed door. The parents subsequently enrolled in a specialized sex education course.

AUTHOR Sjogren K; Egberg K;
TITLE **The sexual experience in younger males with complete spinal cord injury.**
SOURCE **Scandinavian Journal of Rehabilitation Medicine Supplement** 1984;9:189–94;

ABSTRACT Despite severe genito-sexual impairments, most of the men in this study (n = 21, mean age = 27 years) continued having intercourse and approximately half felt orgasmic. Almost all of the men studied said that sex was as important for them after their injury as it had been before. Reduced sexual pleasure was most often attributed to locomotor impairment and autonomous dysreflexia. High spinal cord severence and the absence of a regular sexual partner were found to be detrimental to continuing sexual satisfaction.

G. TREATMENT AND COUNSELING

AUTHOR Barnico LM; Cullinane MM;
TITLE **Maternal phenylketonuria: An unexpected challenge.**
SOURCE *MCN The American Journal of Maternal/Child Nursing* 1985 Mar;10(2):108–10;

ABSTRACT Twenty-five percent of children born to couples in which both parents carry the recessive gene for phenylketonuria (PKU) will have PKU. Even if they do not have PKU themselves, the children of women with PKU are at risk for other birth defects. This article describes a preventive approach to this problem through special counseling and education on reproductive health for adolescent women with PKU. A model program for these adolescents is described.

AUTHOR Chacko MR; Buttler JT; Kirkland RT;
TITLE **Communication and special health care needs of a profoundly hearing impaired adolescent.**
SOURCE *Clinical Pediatrics* 1987 Aug;26(8):395–7;

ABSTRACT A case report of an 18-year-old black female with congenital rubella syndrome and pelvic inflammatory disease (PID) is presented. On admittance, only the patient's mother was available as a sign language interpreter which resulted in the patient witholding her sexual history. An interpreter and visual aids were later used to provide contraceptive counseling. Specific barriers to communication are discussed (e.g., reading level, comprehension of certain adjectives, etc.). Recommendations are made for establishing an effective communication protocol which provides for comprehensive care, especially in sexual heath.

AUTHOR Crocker AC; Cohen HJ;
BOOK ***Guidelines on developmental services for children and adults with HIV infections.***
SOURCE American Association of University Affiliated Programs for Persons with Developmental Disabilities: 8605 Cameron St., Suite 406, Silver Spring, MD 20910, 1988:35;

ABSTRACT This article provides guidelines on developmental services for health practitioners and educators who provide services for children and adults with developmental disabilities and HIV infection. Included are recommendations for developmental services, program planning, infection control, and prevention of HIV infection, in youth and adults with developmental disabilities.

AUTHOR Elkins TE; Hoyle D; Darnton T; et al.;
TITLE **The use of a societally based ethics/advisory committee to aid in decisions to sterilize mentally handicapped patients.**
SOURCE *Adolescent and Pediatric Gynecology* 1988;1(3):190–4;

ABSTRACT Description of process and experience with five patients ages 17–25 years. Although often controversial, sterilization procedures are often thought to be in the patient's best interests.

AUTHOR Elkins TE; Gafford LS; Wilks CS; et al.;
TITLE **A model clinic approach to the reproductive health concerns of the mentally handicapped.**
SOURCE *Obstetrics and Gynecology* 1986 Aug;68(2):185–8;

ABSTRACT Description of an interdisciplinary model clinic and experience with 37 patients ages 10 to 47 years; common concerns included menstrual hygiene, sexuality counseling, contraception, and sterilization.

AUTHOR Florian V;
TITLE **Sex counseling: Comparison of attitudes of disabled and non-disabled subjects.**
SOURCE *Archives of Physical Medicine and Rehabilitation* 1983 Feb;64(2):81–4;

ABSTRACT Young adults with visible orthopedic disabilities (but none with spinal cord injuries or similar functional impairment) were compared to young adults without disabilities (n = 103, age range = 18–24 years). Those with disabilities were less likely to be interested in sexuality counseling, more likely to prefer that counseling come from a physician, and viewed the appropriate age to begin such counseling as older (16–18 years of age versus 12–15 years of age). The authors suggest that results indicate greater anxiety around sex among the group with disabilities and cultural differences between the two study groups as a function of disability status.

AUTHOR Furman LM;
TITLE **Institutionalized disabled adolescents: Gynecologic care. The pediatrician's role.**
SOURCE *Clinical Pediatrics* 1989 Apr;28(4):163–70;

ABSTRACT Describes gynecologic care for adolescent females who are institutionalized with severe disabilities. Included is a discussion of communication between pediatrician and staff, management of common problems, and the need for cooperation between pediatrician, parents and staff.

AUTHOR Hurtig AL; Radhakrishnan J; Reyes HM; et al.;
TITLE **Psychological evaluation of treated females with virilizing congenital adrenal hyperplasia.**
SOURCE *Journal of Pediatric Surgery* 1983 Dec;18(6):887–93;

ABSTRACT Assessment of nine patients, ages 13–21 years, treated with glucocorticoids and corrective surgery, focusing on sexual identity, sex-role, and cognition.

AUTHOR Kastner TA; Hickman ML; Bellehumeur D;
TITLE **The provision of services to persons with mental retardation and subsequent infection with human immunodeficiency virus (HIV).**
SOURCE *American Journal of Public Health* 1989 Apr;79(4):491–4;

ABSTRACT Case studies of two young adult males who are mentally retarded and have HIV infection are presented to highlight the complex social, ethical, medical and political issues which these cases raise. Included is a discussion of education programs, HIV testing policy, housing concerns, and ethical decision-making for persons with mental retardation and HIV infection.

AUTHOR Margolin KN;
TITLE **Risks of a privacy policy by residential institutions for handicapped adolescents.**
SOURCE *Journal of Rehabilitation* 1988 Apr;54(2):50–54;

ABSTRACT Two hundred professionals met to discuss sexual exploration and expression by youth with disabilities living in residential facilities. This article considers the legal implications for institutions deciding to provide privacy for its older youth and provides practical suggestions as to how such a policy can best be started.

AUTHOR McKown JM;
TITLE **Disabled teenagers: Sexual identification and sexuality counseling.**
SOURCE *Sexuality and Disability* 1984 Spr;7(1/2):17–27;

ABSTRACT Two counseling models are presented, one from a community-based clinic and one from an institutional setting. Implications for nursing are suggested.

AUTHOR | Shore DA; Gochros HL;
BOOK | ***Sexual problems of adolescents in institutions.***
SOURCE | Charles C Thomas:Springfield, IL, 1981:239;

ABSTRACT | Explores issues from historical, social, management, and clinical perspectives. The section on special populations includes chapters on youth with: emotional disturbance, mental retardation, chronic illness, and physical disability. Topics include: ethics, civil rights, legal and administrative concerns, staff training, sex education, sexual contact between staff and youth, changing dysfunctional behavior, homosexuality, and human sexuality groups.

AUTHOR | Whittemore R;
TITLE | **Genetic counseling for young adults who have a congenital heart defect.**
SOURCE | *Pediatrician* 1986;13(4):220–7;

ABSTRACT | The results of a study of the offspring of women with cardiac malformations are presented. The incidence of congenital heart defects among these offspring was 15.7% overall and 56% among those with a positive family history or a genetic syndrome. Teratogenic and environmental factors are discussed as are lifestyle factors (such as maternal use of recreational drugs), viral infections, and other types of maternal disease. Genetic syndromes are described. Information is presented with respect to the implications for genetic counseling.

H. ISSUES FOR PARENTS

AUTHOR | Barnes K;
TITLE | **Sex education: Let's not pretend.**
SOURCE | *Exceptional Parent* 1984 Dec;14(8):43–4;

ABSTRACT | A parent's perspective on her daughter's sex education.

AUTHOR | Barnes K;
TITLE | **Mother to daughter: Woman to woman talks.**
SOURCE | *Exceptional Parent* 1982 Dec;12(6):47–9;

ABSTRACT | Written by a parent who is also a psychologist, this article uses the author's personal experience with her teenage daughter to discuss some ways in which parents can help adolescents with mental retardation through the transition to sexual maturation. Topics include: dealing with inappropriate sexual behavior, physical changes, emotional changes, reproduction, answering difficult questions, social skills, personal grooming, and the changing role of the parent.

AUTHOR | Fitz-Gerald M; Fitz-Gerald DR;
TITLE | **Parents' involvment in the sex education of their children.**
SOURCE | *Volta Review* 1987 Sep;89(5):96–110;

ABSTRACT | This article is a practical guide for parents on how to provide sex education for children with hearing impairments. Practical methods are given on how to: assume the role of primary sex educator, initiate discussions regarding sex, improve communication skills, better understand the child's sexual development, and find sex education resources.

AUTHOR | Ikeler B;
TITLE | **Teaching about sexuality.**
SOURCE | *Exceptional Parent* 1990 Jul;20(5):24–6;

ABSTRACT | A general review of the role of parents in teaching sexuality to a child with a disability. Suggestions to parents include making an assessment of one's own feelings and ideas. Parents are urged to consider sex as a natural part of life and should strive to be informative, realistic, and affirmative with a goal of helping the child achieve full potential as a sexual being.

AUTHOR | Richards D;
TITLE | **Sterilization: Can parents decide?**
SOURCE | *Exceptional Parent* 1986 Apr;16(2):40–1;

ABSTRACT | Personal statement by a parent sharing her concerns about her daughter's sterilization.

AUTHOR | Rousso H;
TITLE | **Disabled people are sexual, too.**
SOURCE | *Exceptional Parent* 1981 Dec;11(6):21–5;

ABSTRACT | A psychotherapist discusses issues of sexuality for individuals with disabilities.

AUTHOR | Smith S;
TITLE | **The link between sexual maturation and "adolescent grieving" in parents of the dependent disabled.**
SOURCE | *Sexuality and Disability* 1983 Fall;6(3–4):150–4;

ABSTRACT | Drawing on her personal experience as a parent and her professional experiences in human relations and disability, the author explains her theory that sexual maturation may precipitate a grief response among parents. She suggests that parents may need to address this grief and the broader issues it uncovers before they will be able to accept their child's sexuality. Suggestions for professionals are provided.

AUTHOR | Varnet T;
TITLE | **Sex education and the disabled – Teaching adult responsibilities.**
SOURCE | *Exceptional Parent* 1984 Jun;14(4):43–6;

ABSTRACT | A parent discusses problems in talking about sex education with her daughter.

II. TRAINING AND EDUCATIONAL MATERIALS

A. MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES

TITLE	**AIDS. Training People with Disabilities to Better Protect Themselves**
SUPPLIER	Young Adult Institute
ADDRESS	460 West 34th Street, New York, NY 10001
PHONE	212/563-7474
PRODUCER	Young Adult Institute
DATE	1987
ABSTRACT	This video and manual provides comprehensive step-by-step instructions on how to teach people with disabilities about the hazards of AIDS and how to better protect themselves. Employing a multi-sensory approach, this pragmatic, explicit and sensitive tape will offer people with disabilities a clear understanding of what AIDS is, how it is spread, and how to protect themselves by instructions on how to use a condom and a strategy for resisting social pressure. The video has a stop tape for review. Purchase: $145.00 plus shipping; Rental: $45.00 plus shipping.

TITLE	**Circles I, II, III**
SUPPLIER	James Stanfield Company
ADDRESS	P.O. Box 41058, Santa Barbara, CA 93140
PHONE	800-421-6534
PRODUCER	James Stanfield Company
DATE	1988
ABSTRACT	A comprehensive sexuality social skills, sex abuse prevention and communicable disease prevention program with three separate videotapes. Teaches rather abstract ideas in a very concrete format using the circles rainbow graph. Circles III deals with communicable diseases and AIDS. Purchase: $399.00 each or $999.00 for package of three.

TITLE	**Education for Adulthood**
SUPPLIER	Elizabeth W. Pouch Center for Special People
ADDRESS	657 Castleton Avenue, New York, NY 10301
PHONE	718/448-9775
PRODUCER	Greenbaum & Noll
DATE	1985
ABSTRACT	This manual and curriculum provide a staff training program for those who live and work with youth with developmental disabilities. Curriculum covers: Understanding Your Body, Experiencing Your Life Cycle, Sharing Your Feelings, Accepting Your Handicap, Expressing Your Sexuality, Relating Person to Person, Keeping Yourself Fit. Purchase price: $50.00 plus $4.00 handling.

TITLE	**A Guide for Teaching Human Sexuality to the Mentally Handicapped**
SUPPLIER	The Resource Center
ADDRESS	Planned Parenthood of Minnesota, 1965 Ford Parkway, St. Paul, MN 55116
PHONE	612/698-2401
PRODUCER	Planned Parenthood of Minnesota
DATE	1984
ABSTRACT	This 20 page guide offers suggestions on important topics, specific points to cover, useful activities, and resource materials and aids available. An annotated bibliography is also included. Purchase: $3.50.

TITLE	**An HIV/AIDS Curriculum for Individuals with MR/DD**
SUPPLIER	Judith Hylton, MS
ADDRESS	Child Development and Rehabilitation Center, Oregon Health Sciences University, P.O. Box 574, Portland, OR 97207
PHONE	503/279-7522
PRODUCER	James Lindemann, Ph.D.
DATE	1990
ABSTRACT	The package will include, in addition to detailed lessons: instruments for assessing the learner's needs, an instructor's guide, videotapes designed to promote discussion and role playing, illustrated handouts and guidelines for developing policies and procedures regarding HIV/AIDS and individuals with MR/DD.

TITLE	**Learning to Talk about Sex When You'd Rather Not**
SUPPLIER	The Resource Center, Planned Parenthood of Minnesota
ADDRESS	1965 Ford Pkwy., St. Paul, MN 55116
PHONE	612/698-2401
PRODUCER	Planned Parenthood of Santa Cruz
DATE	1983
ABSTRACT	In this film, parents and professionals discuss how best to teach responsible sexual attitudes and behaviors with people who have mental retardation. Examples of successful classroom models are provided. Intended for parents and professionals. Rental: $25.00.

TITLE	**LifeFacts 1 and LifeFacts 2**
SUPPLIER	James Stanfield Company
ADDRESS	P.O. Box 41058, Santa Barbara, CA 93140
PHONE	800-421-6534
PRODUCER	James Stanfield Company
DATE	1990
ABSTRACT	This is a comprehensive program providing essential information necessary to teach human sexuality and sexual abuse prevention to adolescents and adults with mild and moderate retardation. Included are self-protection and refusal strategies. The program could be used for one-to-one counseling as well as for a group situation. Pre- and post-tests are included with this workbook. Purchase: $199.00 each.

TITLE	**Life Horizons I and II**
SUPPLIER	James Stanfield Publishing Co.
ADDRESS	P.O. Box 1983-TT, Santa Monica, CA 90406
PHONE	1-800-421-6534
PRODUCER	Winifred Kempton
DATE	1988
ABSTRACT	Life Horizons I consists of 5 programs (over 500 slides) on the physiological and emotional aspects of sexuality. Life Horizons II consists of 7 programs (over 600 slides) on the moral, social, and legal aspects of sexuality. Because this program contains some sexually explicit photos, the slide format allows for editing to meet student needs and community taste. Purchase: $399.00 each; $599.00 when Horizons I and II are purchased together.

TITLE	**Love, Sex, and Birth Control for Mentally Handicapped People: A Guide for Parents**
SUPPLIER	Resource Center
ADDRESS	Planned Parenthood of Southeastern PA, 1144 Locust Street, Philadelphia, PA 19107
PHONE	215/351-5590
PRODUCER	Kempton, W.; Bass, M.S.; Gordon, S.
DATE	1985
ABSTRACT	This booklet is written for parents to help them deal with the emerging sexuality of adolescent sons and daughters who have mental handicaps. Subjects include: what is sex education; what should you tell your children and how; preparing for puberty; homosexuality; dating; sexual intercourse; sexually transmitted diseases; contraceptive methods; permanent sterilization; abortion; parenthood; marriage; preventing sexual abuse and exploitation. A concise discussion of these issues is provided along with useful illustrations. 37 pages. Purchase: $2.95.

TITLE	**On Being Sexual**
SUPPLIER	The Resource Center
ADDRESS	Planned Parenthood of Minnesota, 1965 Ford Parkway, St. Paul, MN 55116
PHONE	612/698-2401
PRODUCER	Stanfield Film Association
DATE	1985
ABSTRACT	In this 22-minute film, parents and professionals discuss sexuality and adolescents with mental retardation. Intended for an audience of parents and professionals. Rental: $15.00.

TITLE	**Sex Education for Persons with Disabilities that Hinder Learning/ Speaking of Sex**
SUPPLIER	James Stanfield Company
ADDRESS	P.O. Box 41058, Santa Barbara, CA 93140
PHONE	800/421-6534
PRODUCER	James Stanfield Company
DATE	1988
ABSTRACT	This book reviews teaching techniques and strategies effective with persons with developmental and learning impairments. It includes a discussion of major components of a sex education program and specific guidelines for the teacher to follow. Also included is a comprehensive annotated bibliography of print and non-print materials related to sex education for persons with special needs. The book can be purchased separately ($19.95) or is available in combination with the video "Speaking of Sex."

TITLE	**Sexual Abuse and Self Protection: Handicapped Students Have a Right to Know**
SUPPLIER	Seattle Rape Relief Developmental Disabilities Project
ADDRESS	1825 South Jackson, Suite 102, Seattle, WA 98144
PHONE	206/325-5531
PRODUCER	Seattle Rape Relief Developmental Disabilities Project
DATE	1983
ABSTRACT	"Sexual Abuse and Self Protection" is a curriculum for development of awarenesses of sexual abuse and teaching of self protection. The curriculum is more than a teaching guide, single film, or one day activity. It is an organized comprehensive approach to education about sexual exploitation, for all grade levels. The set includes a 25–minute film and a 45–minute audiotape. Purchase: $495 per kit; individual components are also available. A second kit is available for ages 6–11. Cost is $125.00.

TITLE	**Sexual Abuse Prevention: Five Safety Rules for Persons Who Are Mentally Handicapped**
SUPPLIER	Agency for Instructional Technology (AIT)
ADDRESS	Box A, Bloomington, IN 47402
PHONE	800-457-4509
PRODUCER	Planned Parenthood Association of Cincinnati
DATE	1987
ABSTRACT	People with mental retardation – even more than others – need to learn basic rules to protect themselves against sexual assault and exploitation. Young people desire to be accepted, and lack of knowledge and self-esteem make them especially vulnerable to abuse, frequently from people they know. Sexual Abuse Prevention: Five Safety Rules for Persons Who Are Mentally Handicapped is a video produced in consultation with an advisory committee of parents, teachers, social workers, resource center personnel, clergy, a school principal, and a police specialist in sexual abuse cases. Rental: $35.00/week; Purchase: $180.00 (plus $6.50 for shipping).

TITLE	**Sexuality**
SUPPLIER	Young Adult Institute, PID Tapes
ADDRESS	460 West 34th Street, New York, NY 10001
PHONE	212/563-7474
PRODUCER	Young Adult Institute
DATE	1986
ABSTRACT	The emerging sexuality of adults and adolescents with developmental disabilities is openly and frankly discussed by a representative of Planned Parenthood and a parent of a young woman with developmental disabilities in this 30–minute videotape. Touched upon are issues of sex education, birth control, relationships, protection against abuse and body awareness. Joel Levy, Executive Director of the Young Adult Institute, discusses how sexuality can be viewed as another aspect of social development along with developing friendships and self-esteem. A touching look at the lives of a married couple with developmental disabilities is presented during an interview with Dr. Philip Levy, Associate Executive Director of the Young Adult Institute. Rental: $45.00 plus shipping; Purchase: $75.00 plus shipping (volume discount available).

TITLE	**Sexuality and Social Awareness: A Curriculum for Moderately Autistic and/or Neurologically Impaired Individuals**
SUPPLIER	Benhaven Press
ADDRESS	9 Saint Ronan Terrace, New Haven, CT 065111
PHONE	203/624-9819
PRODUCER	Lieberman, DA; Malone, MB; 1980
ABSTRACT	This curriculum provides direct precision teaching methods and the structured, specific language effective with adolescents with neurologic impairment. The situations addressed also represent those that these students might be realistically expected to encounter. Purchase: $21.00 plus postage.

TITLE	**Sexuality Education for Persons with Severe Developmental Disabilities**
SUPPLIER	James Stanfield Company
ADDRESS	P.O. Box 41058, Santa Barbara, CA 93140
PHONE	800/421-6534
PRODUCER	James Stanfield
DATE	1988
ABSTRACT	This sexuality program is for persons with severe developmental disabilities. Includes the following sections: parts of the body (male and female); appropriate social behavior (male and female); menstruation; medical examination (men and women). Programs can be edited. 500 slides and teacher's guide are included. Purchase: $399.00.

TITLE	**Shared Feelings: A Parent Guide to Sexuality Education for Children, Teenagers, and Young Adults Who Have a Mental Handicap: Discussion Guide to Shared Feelings**
SUPPLIER	The G. Allan Roeher Institute
ADDRESS	4700 Keele Street, Kinsmen, Bldg., York University, Downsview, Ontario, Canada M35 1P3
PHONE	416/661-9611
PRODUCER	Deane Maksym, M.Ed.
DATE	1990
ABSTRACT	Shared Feelings is designed to help parents of children with mental handicaps discuss sexuality with their children. Included is information about self-esteem, social skills, sexual information about bodies, and feelings. The Discussion Guide to accompany Shared Feelings is designed for use by parents who want to help other parents feel more comfortable discussing sexuality with their children. Techniques for working with groups, including discussion activities, are included. Purchase: $16.00 (book); $16.00 (Discussion Guide).

TITLE	**Speaking of Sex: Sexuality and the Person with Special Needs**
SUPPLIER	The Resource Center, Planned Parenthood of Minnesota
ADDRESS	1965 Ford Parkway, St. Paul, MN 55116
PHONE	612/698-2401
PRODUCER	James Stanfield Co.
DATE	1988
ABSTRACT	This 30-minute video presents an interview with Winifred Kempton, a pioneer in sexuality education for people with special needs, discussing sex education for persons with disabilities. Rental from The Resource Center: $10.00. (Also available from James Stanfield Company, P.O. Box 41058, Santa Barbara, CA, 93140, 1-800-565-3275. When purchased, Ms. Kempton's book, "Sex Education for Persons with Disabilities that Hinder Learning," is included in the $79.00 purchase price.)

TITLE	**Taking Care of Ourselves**
SUPPLIER	Montage Marketing and Production, Inc.
ADDRESS	108 C Center Blvd., Marlton, NJ 08053
PHONE	609/596-0099
PRODUCER	Julia Handler, NJ Dept. of Health
DATE	1987
ABSTRACT	This 3-minute videotape was developed out of the recognition that most standard educational materials concerning AIDS are not produced with special needs populations in mind. This video is meant to be processed by a professional who is experienced in teaching sex education to young adults with special needs. It was designed as a "springboard" for on-going, in-depth learning. A manual accompanies each video to provide the facilitator with general AIDS information and in-depth descriptions of safer sex practices. The video, however, purposely excludes discussion of such safer sex practices allowing the facilitator to present this information in the manner he/she feels is most effective. Rental: $25.00 plus postage and handling; Purchase: $40.00 plus postage and handling.

TITLE	**The Woodrow Project**
SUPPLIER	Rape and Abuse Crisis Center (Red Flag Green Flag Resources)
ADDRESS	P.O. Box 2984, Fargo, ND 58108
PHONE	701/293-7273
PRODUCER	Beth Haseltine and Lynn Dreyer
DATE	1986
ABSTRACT	This curriculum incorporates the most current information on sexual abuse prevention and uses an instruction model that has proven successful in teaching personal safety skills to youth with developmental disabilities. The program concepts were taken from the well-known RED FLAG GREEN FLAG program and revised to use with participants in the mild to moderate range of mental retardation. The curriculum can be used in special education classes in public schools, group homes, day treatment programs, mental health facilities, etc. The main objective of the program is to teach participants the following three-part skill sequence: 1) to say "NO!" assertively to a bad or uncomfortable touch, or to a potentially dangerous situation; 2) to move away from the potentially dangerous or abusive situation; 3) to tell an identified helper about the bad touch. Curriculum manual and videotape included. Purchase: $99.95.

B PHYSICAL DISABILITIES

TITLE	**Growing Up With Spina Bifida**
SUPPLIER	Mason Barr, M.D.
ADDRESS	D1109 MPB,0718, Pediatric Genetics, University of Michigan, Ann Arbor, MI 48109
PHONE	313/764-9511
PRODUCER	M.C. Treadwell and R.L. Patrias
DATE	1981
ABSTRACT	This 27-page booklet discusses male and female anatomy, body image, self-care skills, independence, and sexuality issues for adolescents with spina bifida. (Free of charge.)

TITLE	**Making Love-Etc. A Booklet for Young People with Physical Disabilities**
SUPPLIER	Nursing Office
ADDRESS	Bloorview Childrens Hospital, 25 Buchan Court, Willowdale, Ontario, Canada M2J4S9
PHONE	416/494-2222
PRODUCER	Sexuality Comm. of Bloorview Childrens Hospital
DATE	1985
ABSTRACT	People with physical disabilities can and do give and receive sexual pleasure in a variety of ways. All it takes is knowledge, self-acceptance, consideration for others, imagination and patience. This booklet explores some myths and explains some problems. It then goes futher and offers some solutions. Purchase: $6.00 (Canadian) prepaid plus postage.

TITLE	**Sex Education for Physically Handicapped Youth**
SUPPLIER	Charles C. Thomas Publishers
ADDRESS	2600 South First Street, Springfield, IL 62794
PHONE	217/789-8980
PRODUCER	C.E. Hooper, W.A. Allen
DATE	1980
ABSTRACT	This book is directed toward adolescents with disabilities and is a general presentation of sexual issues. Topics include: masturbation, homosexuality, dating, contraception, sexually-transmitted diseases, and drugs. 154 pages. Purchase: $19.25 plus $3.00 shipping and handling.

TITLE	**Strengthening Individual and Family Life**
SUPPLIER	UCP of Lancaster County, Materials Mailing Center
ADDRESS	630 Janet Ave., Lancaster, PA 17601
PHONE	717/396-7965
PRODUCER	United Cerebral Palsy
DATE	1980
ABSTRACT	Topics in this book include: family life skills, mental health, family relationships, counseling techniques, family crises and stress, mothering from a wheelchair, adolescents and dating, and sexuality. 139 pages. Purchase: $3.00 plus $1.50 shipping.

C. HEARING IMPAIRMENTS

TITLE	**A Hearing Impaired Male's Abuse Experience**
SUPPLIER	Hearing Impaired Health and Wellness Program
ADDRESS	St. Paul Ramsey Medical Center, 640 Jackson, St. Paul, MN 55101
PHONE	612/221-2714 (Linda Nelson)
PRODUCER	Alice LaBarre, M.A.
DATE	1984
ABSTRACT	A 23-year-old hearing impaired man is interviewed in this 26-minute videotape to explain his sexual and physical abuse experiences in a school for the deaf and in deaf foster parents' homes in sign language (with English voice-over). He was taken care of by deaf foster parents who abused him. (Profits from sales of tapes will go to help the victims.) Rental: $35.00; Purchase: $100.00.

TITLE	**A Hearing Impaired Woman's Incest Experience**
SUPPLIER	Hearing Impaired Health and Wellness Program
ADDRESS	St. Paul Ramsey Medical Center, 640 Jackson, St. Paul, MN 55101
PHONE	612/221-2714 (Linda Nelson)
PRODUCER	Alice LaBarre, M.A.
DATE	1983
ABSTRACT	In this 20-minute videotape, a 30-year-old hearing impaired woman tells her incest experiences as a child in American Sign Language (with English voice-over). She was adopted and placed in numerous foster homes where she was sexually abused by foster fathers and foster brothers. She never realized what incest was until she was 30 years old. She also experienced assault by a stranger and explains the difference between rape and incest. (Profit from this tape goes to the victim.) Rental: $35.00; Purchase: $100.00.

TITLE	**Human Development and Reproductive Health for the Hearing Impaired Population**
SUPPLIER	Jackie McDougall
ADDRESS	St. Paul Ramsey Medical Center–HIHW, 640 Jackson Street, St. Paul, MN 55101
PHONE	612/221-3569 (TDD: 612/221-3761)
PRODUCER	Jackie McDougall/Brenda Hoffman
DATE	1983
ABSTRACT	These five tapes are designed for a hearing impaired audience. The tapes can be used with a non-signing health care professional provinding sexual health education with a deaf patient. The tapes review information using American Sign Language. The tapes can be used individually (each will stand on its own), or they can be used in sequence. Beginning with anatomy, continuing with the pap and pelvic exam, contraception, and breast self-exam. The tapes can also be used within a presentation as an audiovisual. The topics the tapes cover include: breast self-exam, anatomy, pap and pelvic exam, contraception, and human sexuality. All are done in sign language. Rental: $35.00 per tape; Purchase: $100.00 per tape or $400.00 per set of five.

TITLE	**Sexual Abuse: What Is It? An Informational Book for the Hearing Impaired**
SUPPLIER	Hearing Impaired Health and Wellness Program
ADDRESS	St. Paul Ramsey Medical Center, 640 Jackson, St. Paul, MN 55101
PHONE	612/221-2714 (Linda Nelson)
PRODUCER	Alice LaBarre
DATE	1986
ABSTRACT	This is a 71-page book which clearly explains what sexual abuse is and what to do if it happens to you. It has explicit pictures and minimal language text as well as highlighted vocabulary and a glossary. It can be used for any young person 10+ who needs limited vocabulary materials or for whom English is a second language. Purchase: $6.95 plus postage.

TITLE	**Sexually Transmitted Diseases: What You Should Know**
SUPPLIER	Sunburst Communications
ADDRESS	39 Washington Avenue, Pleasantville, NY 10570-3498
PHONE	800/431-1934
PRODUCER	Sunburst Communications
DATE	1988
ABSTRACT	Live-action presentation about sexually transmitted diseases and the ongoing risks to health they present. This 27-minute videotape alerts students to the problem of chlamydia as well as information about other STD's, including AIDS. It emphasized that abstinence is the only 100 percent effective protection against any STD. Open-captioned version is available, and there also is a teacher's guide. Purchase: $169.00.

TITLE	**Teenage Birth Control: Why Doesn't It Work?**
SUPPLIER	Sunburst Communications
ADDRESS	39 Washington Avenue, Pleasantville, NY 10570-3498
PHONE	800/431-1934
PRODUCER	Sunburst Communications
DATE	1986
ABSTRACT	Discusses teenage pregnancies and the fact that teenagers often fail to use birth control, even though they know about it. This video helps students achieve insights into their emotional and psychological motivations for taking chances. The section at the end, for use at the teacher's discretion, reviews contraceptive information specifically directed at teenagers' needs. An open-captioned version is available as is a teacher's guide. Purchase: $169.00.

TITLE	**You and Me and Human Sexuality: Student Booklet Written for Deaf Adolescents**
SUPPLIER	Texas School for the Deaf
ADDRESS	1102 So. Congress Ave., Austin, TX 78704
PHONE	512-440-5300
PRODUCER	Young, EM
DATE	1980
ABSTRACT	Designed as a classroom text or as a resource for the school library, this 117- page book is written for a second-to fourth-grade reading level and intended for adolescents. Topics include: relationships; adolescent growth and development; anatomy; conception, fetal development, and birth; contraception; sexual intercourse and responsibilities. A question and answer section on each topic is also included. Purchase: $6.50. A teacher's manual is also available for $6.00.

D. CHRONIC ILLNESS

TITLE	**Space Age Smarts**
SUPPLIER	Florida Association of Pediatric Tumor Programs
ADDRESS	P.O. Box 13372, University Station, Gainesville, FL 32604
PHONE	904/375-6848
PRODUCER	Betsy Randall-David, R.N., Ph.D.
DATE	1987
ABSTRACT	Space Age Smarts is an 8 1/2" x11", 12-page, full color comic book designed for 13-16-year-olds with hemophilia. An alien from the Center of Galactic Health learns about AIDS from a group of teenage earthlings. This cleverly written and imaginatively illustrated comic book encourages common sense precautions to prevent the spread of AIDS. The teens, including one with hemophilia, discuss: transmission, safer sex practices, the dangers of shooting-up, and the importance of people with hemophilia cleaning up their blood spills and disposing of needles. The fact sheet inside the back cover presents more detailed information on what AIDS is, how it is transmitted, the AIDS antibody test, symptoms, and prevention. Purchase: $1.95 each.

E. MULTIPLE DISABILITY GROUPS

TITLE	**Disability Factsheet for Family Planners**
SUPPLIER	Emory Univ. Regional Training Ctr. for Family Planning
ADDRESS	United Way Bldg., Room 802, 100 Edgewood Av. N.E., Atlanta, GA 30303
PHONE	404/523-1996
PRODUCER	Emory Univ. Reg. Training Ctr. for Family Planning
DATE	1982
ABSTRACT	This fact sheet describes 14 common disabling conditions and their impact on fertility, sexual function, and choice of birth control method. Specific considerations regarding family planning clinic visits are provided. Purchase: $.50 each.

TITLE	**Preventing Sexual Abuse of Persons with Disabilities-A Curriculum for Hearing Impaired, Physically Disabled, Blind and Mentally Retarded Students**
SUPPLIER	Minnesota Documents Division
ADDRESS	117 University Ave., St. Paul, MN 55155
PHONE	612/297-3000
PRODUCER	MN Program for Victims of Sexual Abuse
DATE	1983
ABSTRACT	This curriculum and manual discusses sexual abuse, sexuality and disability, field testing the curriculum, parent training, teacher guidelines, introduction to the lessons. Purchase: $18.00.

TITLE	**Table Manners. A Guide to the Pelvic Examination for Disabled Women and Health Care Providers**
SUPPLIER	Planned Parenthood of Alameda/San Francisco
ADDRESS	815 Eddy Street, Suite 300, Attn: Education Department, San Francisco, CA 94109
PHONE	(415) 441-7858
PRODUCER	S. Ferreyra; K. Hughes
DATE	1984
ABSTRACT	This illustrated booklet is designed to acquaint both women with disabilities and health care professionals with the etiquette of providing sensitive, positive reproductive care to women with physical, visual, and hearing disabilities. It provides information on the pelvic exam, alternate positioning for the exam, transfers to the exam table, and other special considerations. Purchase: 1-9 $4.00/booklet; 10-25 $3.25/each, 26+ $2.50/each.

CYDLINE Reviews

Please copy and share the contents of this publication. We ask that you credit the National Center for Youth with Disabilities as the source of information.

National Center for Youth with Disabilities/Society for Adolescent Medicine

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